

Cholesterol Reference Method Laboratory Network

Information Form

The following information form should be completed carefully and accurately. This information will be used to prepare your Certificate of Traceability.

- Please photocopy this blank form and retain it for future submissions.
- Please prepare a copy of your data and retain it for laboratory records.

For registered products, please indicate preferred designation: Registered Trademark ® or Trademark ™.

Laboratory Name

Laboratory Address

Contact Name

Phone

Email Address

Fax

Send Bill To

(If different from above.)

PO Number

Date Specimens Sent

Date Specimens Received

Analyte		Method	
Instrument		Calibrator	
Manufacturer		Manufacturer	
Trade Name		Trade Name	
Model Number		Lot Number(s)	
Reagent		Calibrator Set Point(s)	
Manufacturer		Matrix/Sample Type	
Trade Name		Anticoagulant (if applicable)	
Lot Number(s)		Concentration	

Comparison Date

CRMLN Laboratory: Complete this section and send the form to Mahnaz Dasti at CDC.
Fax: (770) 488-4192, Email: mdasti@cdc.gov

CRMLN Laboratory Name

Date of Data Analysis

Date Report Received

Date Certificate Sent

Director's Signature

Check One: Passed Failed

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Cholesterol Results Form

Please photocopy this blank form and retain it for future comparisons.

Laboratory Name:

Must be analyzed in three independent runs.

Enter all analytical results in mg/dL or mmole/L.

			Run 1		Run 2		Run 3	
			Date:		Date:		Date:	
	Specimen ID	RV	Duplicate #1	Duplicate #2	Duplicate #1	Duplicate #2	Duplicate #1	Duplicate #2
1.								
2.								
3.								
4.								
5.								
6.								